

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 09-02-03.

I. DISPUTE

Whether there should be reimbursement for CPT code E0236 and CPT code E1399 on date of service 04-17-03.

II. FINDINGS

The medical necessity issues for dates of service 02-10-03 through 04-10-03 and date of service 06-02-03 were withdrawn on 10-13-03 by Keith Payne from Oxymed. Inc.. Per Rule 133.307(g)(3), a Notice was submitted to the requestor on 10-13-03 requesting the requestor to submit additional documentation necessary to support the fee charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

III. RATIONALE

CPT code E0236 denied with denial code F and CPT code E1399 denied with denial code N. The requestor did not submit additional documentation to support delivery of service, therefore no reimbursement is recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT code E1399 or CPT code E0236.

The above Findings and Decision are hereby issued this 1st day of April 2004.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

DLH/dlh